



15w 3724

PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 21, 2008

Date

Colleen Menth

Colleen Menth

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Michael Knaupp et al.  
Application No. : 09/940,689  
Filed : August 27, 2001  
For : APPARATUS FOR GENERATING AND MANIPULATING A  
HIGH-PRESSURE FLUID JET  
Examiner : Jason D. Prone  
Art Unit : 3724  
Docket No. : 340058.534  
Date : May 21, 2008

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

Commissioner for Patents:

In accordance with 37 CFR 1.56 and 1.97 through 1.98, applicants wish to make known to the U.S. Patent and Trademark Office the references set forth on the attached Information Disclosure Statement. Copies of cited U.S. patents and published patent applications are not required and accordingly have not been provided. Copies of any other cited references are enclosed. As to any reference cited, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 CFR 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicants'

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duty to disclose all information they are aware of which is believed relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

Please acknowledge receipt of this Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

A fee of \$180 is submitted in accordance with 37 CFR 1.97(c). The Director is authorized to charge any other fees which may be required, or credit any overpayment to Deposit Account No. 19-1090.

Respectfully submitted,

SEED Intellectual Property Law Group PLLC



Lorraine Linford  
Registration No. 35,939

LL:cm

Enclosures:

Check

Information Disclosure Statement

Cited References (8)

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Seattle, Washington 98104  
Phone: (206) 622-4900  
Fax: (206) 682-6031

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MAY 29 2008

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$180)**

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments  
 of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Provisional	210	105	0	0	0	0	_____

### 2. EXCESS CLAIM FEES

#### Fee Description

		Small Entity		Small Entity	
		Fee (\$)		Fee (\$)	
Each claim over 20 (including Reissues)				50	25
Each independent claim over 3 (including Reissues)				210	105
Multiple dependent claims				370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Small Entity
				Fee (\$)	Fee (\$)
_____	-20 or HP = _____	X _____	= _____	_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	-3 or HP = _____	X _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____	/50 = _____ (round up to a whole number)	X _____	_____

### 4. OTHER FEE(S)

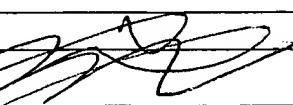
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

Information Disclosure Statement

180

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,939	Telephone	206-622-4900
Name (Print/Type)	Lorraine Linford			Date	May 21, 2008



MAY 23 2008 *See pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# FEET TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$180)**

Complete if Known	
Application Number	09/940,689
Filing Date	August 27, 2001
First Named Inventor	Michael Knaupp
Examiner Name	Jason D. Prone
Art Unit	3724
Attorney Docket No.	340058.534

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of fee(s) under 37 CFR 1.16 and 1.17

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	-100 = _____ /50 = _____	(round up to a whole number)	X _____	Fee Paid (\$)

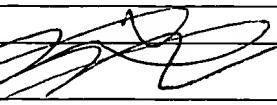
### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): \_\_\_\_\_

Information Disclosure Statement **180** \_\_\_\_\_

### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	35,939	Telephone	206-622-4900
Name (Print/Type)	Lorraine Linford			Date	May 21, 2008



# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/940,689
Filing Date	August 27, 2001
First Named Inventor	Michael Knaupp
Art Unit	3724
Examiner Name	Jason D. Prone
Attorney Docket No.	340058.534

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement and Transmittal <input checked="" type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <hr/> <hr/> <hr/> <hr/>
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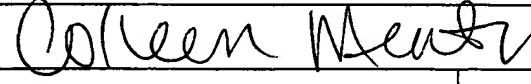
## Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number	00500
Signature			
Printed Name	Lorraine Linford		
Date	May 21, 2008	Reg. No.	35,939

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Colleen Menth
Date: May 21, 2008	